SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Rede) tru Y. [נינינו]

S 302017

Permit #: Refund: Amount Paid: 4-6-17

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL DEPARTS.

P Other: (explain) Shara (MA) Grank by Desart (T	Municipal Ike			Commercial Use		or production and the state of	Residential USA		A 06 207	Residique savance	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)	8 Juon	יב וי	☐ Run a Business on	Conversion Relocate (existing bldg)		□ New Construction	Value at Time of Completion Project * include donated time &	□ Non-Shoreland	Xshoreland → Xis Property,		Section , Township	1/4,1/4	PROJECT Legal Description:	5	Contractor: RICK G-YULL LAN Authorized Agent: [Person Signing Applica	44930 Cty Pd	Tim white
Other: (explain) Shows (Special Use: (explain)	Mrcason & manner of hearth	Accessory Building (specify)	3	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters,	with Attached Garage	with (2 nd) Deck	with (2) Porch	with a Porch	with Loft	Principal Structure (first structure on property)			ng applied for is relevant to it)	Strake of	☐ Foundation		n 2-Story Sasement			ct # of Stories and/or basement		\(\times\) is Property/Land within 1000 feet of Lake, Por	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	. <u>ЦЗ</u> М , Range _ 0 © _ W	Gov't Lot (s) CSM	(Use Tax Statement)		Signing Application on behalf of Owner(s)) Agent	O C D	2
land grading Pa	The state of the s	And the second of the second o	Alteration (specify)	44464	ate)	\square sleeping quarters, or \square cooking	rage	a chaptana de			אומכה, פנכו)	chack etc.)	Proposed Structure	Length:	Length:			None	1	Year Round 2	Seasonal 🗀	# of bedrooms		Pond or Flowage If yes—continue Distance Structure	If yes—continue > Distance Structure	NAMPKABON	0	34 - 2-43 -06 - 11 -	1889	7(5 · 7 18 · 3 × 3) Agent Phone: Agent Mailing Ad	CAPA WI SYSZ	SU EROJES NOST CIE L
hart 100		And the second s		241		& food prep facilities) (Din	Wath:	Width:	NOTE		w/servic	☐ Privy (Pit) or Vaulted (mi	(New) Sanitary Specify Type:	- 1	What Type of Sewer/Sanitary System Is on the property?		is from Shoreline :	is from Shoreline : feet). Block(s) No. Subdivision:	2 0 5.003 ~ Volume L	Σ ~~	Agent Mailing Address (include City/State/Zip):	821	HAJAN W
×	× ×		× ;	× ;	×	× ×	×	×	× >	< ×	×	×	Dimensions Footage	neign:	Height			ract)	Vaulted (min 200 gallon)	/Type:		of System serty?		No XNo	Is Property in Are Wetlands Floodplain Zone? Present?	1.100	Acreage	123 Page(s) - 354 3	Attached (A) Y Yes 3 No	Written Authorization	Plumber Phone:	GC2.631.

Owner(s):

(If there are Multiple O

or letter(s) of authorization must accompany this application)

Authorized Agent:

Address to send permit

2040

EONNE ner(s) a letter of

re signing on behalf of the

authorization must

t accompany

application)

1287 1875

Date

Date

Attach
Able UI
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

this

Hold For Sanitary: Permit #: Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner. or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be Signature of inspector: Condition(s):Town, Committee or Date of Inspection: Inspection Record: Granted by Variance (B.O.A.) Permit Denied (Date): Issuance Information (County Use Only) Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lot Line Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Setback to Drain Field Setback to Septic Tank or Holding Tank Setback from the **South** Lot Line Setback from the **West** Lot Line Was Parcel Legally Created Was Proposed Building Site Delineated DEU ST etback to **Privy** (Portable, Composting) or to the placement or construction of a structure with Yes Please complete (1) - (7) above (prior to continuing) the placement or construction of a structure within ten (10) feet of the minimum r ously surveyed corner or marked by a licensed surveyor at the owner's expense (1) (2) (3) (4) (5) (6) (7) 7-0059 8 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). 2000 Show Location of: Show / Indicate: Show Location of (*): Show any (*): Show any (*): Show: East Lot Line Setbacks: (measured to the closest point) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code Town, Village, City, State or Federal agencies may also require permits. Description Draw or Sketch your Property (regardless of what you are applying for) 20-17 B. 221 or Board Conditions Attached? Case #: □ Yes □ Yes Hold For TBA: TO S 2 S (Deed of Record) (Fused/Contiguous Lot(s)) 44930 UX D (*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% Proposed Construction North (N) on Plot Plan House LARE Sanitary Number: Permit Date: S Inspected by: Measurement という Tin Tin ੂ Yes Hold For Affidavit: Attache NAWARAGOS O O NO Feet Feet Feet Feet Feet Feet Feet Phylography need Previously Granted by Variance (B.O.A.) Mitigation Required Mitigation Attached Setback from Wetland
20% Slope Area on property
Elevation of Floodplain Were Property Lines Represented by Owner
Was Property Surveyed dary line from which the setback must be measu Setback from the River, Stream, Creek Setback from the Bank or Bluff Setback from the Lake (ordinary high-water mark) Setback to Well eed to be \supset × E. be attached.) Changes in plans must be approved by the Planning & Zoning Dept. # of bedrooms: Hold For Fees: ☐ Yes 40.07 Description 4, 8 8 ared must be visible from Case #: Affidavit Required Affidavit Attached ¹ Yes Lakes Classification Zoning District Sanitary Date: Date of Re-Inspection Date of Approval: マラ ☐ Yes Measurement □ Yes Enterit veyed corner to the O No Feet No 8/8 8/8

Feet

Feet Fee

Feet

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Washburn, WI 54891 (715) 373-6138 Planning and Zoning Depart. PO Box 58 **Bayfield County**

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Permit #: Date: Amount Paid: \$1.88 \$1.88 17001 4-6-17

Bayfield Co. . Zoning Dept.

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED→ X LAND USE SANITARY PRIVY CONDITIONAL USE

Owner's Name: , Mailing Address: City/State/Zip: iddress of Property: DAVIA hire Buryanek 26314 T 1 426 920 Pars 128115 Sou Chitosico ☐ SPECIAL USE 7×78260 B.O.A. Telephone: 7 Cell Phone: OTHER

Contractor: PROJECT LOCATION Section d R beck 1/4, 36 Legal Description: (Use Tax Statement) , Township Box behalf of Owne RJ N, Range л(s)) Contractor Phone:
715 7442 479
Agent Phone: 36852 ≨ Tax ID# (4-5 11.5 digits) U11834 Vol & Page Town of: Namakason É Plumber: イイピろ かいらえきゃら Agent Mailing Address (include City/State/Zip): Lot(s) No. Block(s) No. 9. Seives Document #: Recorded Deed (i.e. Subdivision ☐ Yes ☐ No
assigned by Register of Deeds 768-3353 Written Authorization Attached

| Yes | Plumber Phone: Acreage 9.5 Quives 70 4506 0

\Rightarrow{\text{\mathematics}} \ \text{Creek or Landward side of Floodplain?} \text{If yes—continue} \ \text{\mathematics} \ \text{SD} \ \text{from Shoreline:} \text{\$\text{\$\text{\$\text{Creek or Landward side of Floodplain?}}} \$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$	Distance Structure is from Shoreling SC Distance Structure is from Shoreling
	Is Property in Floodplain Zone?

S * include donated time & material of Completion Value at Time 20,000 ☐ Conversion☐ Relocate (exist New Construction ☐ Run a Business on Property Addition/Alteration Project 🕱 No Basement and/or basement 2-Story 1-Story Foundation Basement 1-Story + Loft # of Stories X Year Round Seasonal Use **X**(| bedrooms None ω N 읔 # Sanitary (Exists)
Privy (Pit) or Municipal/City (New) Sanitary Compost Toilet Portable (w/service What Type of Sewer/Sanitary System Is on the property? Specify Type: 1 ☐ City X Well Water

Proposed Construction: Lengt	if permit being applied for is relevant to it)	
th: 18+12	7.	
Width: 30	Width:	
Height: /6	Height:	
	Length: \mathcal{H}_{+}	rmit being applied for is relevant to it) Length: $\mathscr{W}_{\neq l}$ Width: \mathscr{Z} H

□ Accessory Building Addit □ Special Use: (explain)				☐ Niunicipal Use ☐ Accessory Bu		☐ Mobile Home	☐ Bunkhouse w	☐ Commercial Use			*	Residential Use		☐ Residence (i.	☐ Principal Stru	Proposed Use
explain)	explain)		Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	Proposed Structure
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×		×	×	x)	×	×	×	×)	×	×	×	7 × 30 ·	×	× %)	×	Dimensions
									***			1		1440		Square Footage

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES if we) declare that this application (including any accompanying information) has been examined by me (µs) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described properties any reasonable time for the properties.

Authorized Agent:

M

(If you

Address to send permit

Owner(s): (If there are Multiple Owners listed on the Deed <u>All</u> Owners must sign <u>or</u> letter(s) of authorization must accompany this application)

200 are signin Roba on behalf of the 9 a letter of authorization this application)

Cours 490

6-1-2

Date

S4517

Copy of Tax Statement

you recently purchased the property send your Recorded Deed

Hold For Sanitary:		Must su upc	Condition(s): Town, Committee or Board Conditions Attached?	Date of Inspection:	Inspection record:	Was Proposed Building Site Delineated Fes 🗆 No	Case #:	'	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Is Structure Non-Conforming Is Yes Is Structure Non-Conforming Is Yes	Permit#: 7-88-4	Permit Denied (Date):	For The Construction Of New One & The local Th	(9) Stake or Mark Proposed Location	one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the primarked by a licensed surveyor at the owner's expense.	Prior to the placement or construction of a structure within ten (Liu) teet or other previously surveyed corner or marked by a licensed surveyor at the operation of the placement or construction of a structure more than ten (10) fee		Setback to Septic Tank or Holding Tank	Setback from the East Lot Line	Setback from the West Lot Line	Setback from the South Lot Line	Action to the manufacture of the Action of t	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	(8) Setbacks: (measured to the closest point)	Please complete $(1) - (7)$ above (prior to continuing)	(7) Show any (*):	(1) Show Location of: Proposes (2) Show / Indicate: North (N (3) Show Location of (*): (*) Drive (4) Show: All Existin (5) Show: (*) Well (6) Show any (*): (*) Lake;	MONITORING AND
Hold For Affidavit:			iched? Yes $\bigcap No \bigcup f No$ they need to be attached.)	Inspected by:			☐ Yes -☑'No Were Property Lines	Previously Granted by	No Mitigation Attached	Permit Date: 4-6-17	enial:	te or Federal agencies may als	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)	verifiable by the Department by use of a corrected compass from a know	or the minimum required setback, the boundary line from which the setback owner's expense. eet but less than thirty (30) feet from the minimum required sethack, the bo	Feet	20 Feet Setback to Well	Feet	Feet	3.5 Feet Setback from Wetland	Setback from the Bank or Bluff	700 Feet Setback from the lake (ordinary	Measurement De			ands; or (*) Slopes over 20%	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	egal diess of witter you are applying 1017
Hold For Fees: □ □ □	Date of Approval: 🗸 🦳			Date of Re-Inspection:	Zoning District () Lakes Classification ()	Was Property Surveyed Aves O	#:		Yes No Affidavit Required Yes No Affidavit Attached Yes No			or equire permits. Sanitary Date: \$\sigma \frac{1}{3} \ldots \frac{1}	Id (DF), Holding Tank (HT), Privy (P), and Well (W).	in corner within 500 feet of the proposed site of the structure, or must be	ik must be measured must be visible from one previously surveyed corner to the		25 Feet		perty 🗌 Yes 💢		CICCA	(ordinary high-water mark) & C Feet	Description Measurement		Changes in plans must be approved by the Planning & Zoning Dept.		olding Tank (HT) and/or (*) Privy (P)	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

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APPLICATION FOR PER
BAYFIELD COUNTY, MAISO

Date Frame (Received)

INSTRUCTIONS: No permits will be issued until all fees are paid.

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Bayfield Co. Zoning Dept

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142017	<u></u>		\$000
	·	Refund:	

TYPE OF PERMIT REQUESTED—▶	QUESTED →	∭LAND USE		NITARY	☐ SANITARY ☐ PRIVY ☐ CONDITIONALUSE	CONDITIONAL	USE 🗆 SPEC	☐ SPECIAL USE	□ в.о.	☐ B.O.A. ☐ OTHER_	HER
Owner's Name:)	•		Mailing #	Mailing Address:	City/s	City/State/Zip:			Telephone:	0,0
David C	Buryan	1		26314	14 TINGER	Pass	Soullutonio	X	75%	Cell Phone:	7506
Secretary of the second	Vic Rais			Cas	She Wi	54821					
Contractor:	122			Contract	Phone:	Plumber:	L			Plumber Phone:	ione:
\gent:	(Person Signing Application on behalf of Owner(s))	cation on behalf	of Owner(s))	Agent Phone:		gent Mailing Add	Agent Mailing Address (include City/State/Zip):	State/Zip):		Written Aut Attached	Authorization
PROJECT	Legal Description:		(Use Tax Statement)	Tax ID# (4-5 digits)	-5 digits)			Recorded Deed (i.e. Document #:	3#:	ssigned by Re	assigned by Register of Deeds)
1/4,	1/4	Gov't Lot	ot Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	n:		
Section	, Township		N, Range	\	Town of:			Lot Size		Acreage	
	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	/Land within dward side of	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) reek or Landward side of Floodplain? If yes—continue—	er, Stream If yes-	(ind. Intermittent)	Distance Struc	Distance Structure is from Shoreline:	reline :	ls Property in Floodplain Zone?	erty in n Zone?	Are Wetlands Present?
J □ Smoreland □ □	☐ Is Property	/Land within	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	lke, Pond o	Pond or Flowage If yescontinue	Distance Struc	Distance Structure is from Shoreline:	reline : feet	□ Yes	lo es	☐ Yes
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of Completion * include donated time & material	Project	Э	# of Stories and/or basement	nent es	Use	of bedrooms	Sew Is	What Type of Sewer/Sanitary System Is on the property?	e of y System operty?		Water
1.	New Construction	ruction	1 🐔	-	Seasonal	H					City
\$ 40,000	☐ Addition/Alteration☐ Conversion	Alteration	☐ 1-Story + Loft ☐ 2-Story		Year Round	3 2	Sanitary (Exists) Specify Type:	cists) Speci	Specify Type:		□ Well
	Relocate (existing bldg)	xisting bldg)						or : Vau	Ited (min	Vaulted (min 200 gallon)	
	☐ Run a Business on Property	ness on	☐ No Basement☐ Foundation	on		None	☐ Compost Toilet	/service cor pilet	ntract)		
	The state of the s						None				- Anna Anna Anna Anna Anna Anna Anna Ann
Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:	(if permit beir tion:	ng applied for	is relevant to i		Length:	0	Width:		He He	Height: 18	
Proposed Use	~			Pro	Proposed Structure	e		D	Dimensions	S	Square Footage
		Principal S Residence	Principal Structure (first structure on pro Residence (i.e. cabin, hunting shack, etc.)	t structur ınting sha	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)				××	_ _	
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			with a Deck						\times	_	
			with (2 nd) Deck	eck	- Lancon				×	- -	
Commercial Use	se		with Attached Garage	ed Garag	Te				×	. -	
		Bunkhous	Bunkhouse w/ (☐ sanitary,	ny, or □s	☐ sleeping quarters, <u>or</u>		☐ cooking & food prep facilities)	(55)	< ×	- -	
		Addition/	Addition/Alteration (specify)	(specify)		THE PARTY THE PROPERTY OF THE PARTY OF THE P		<u> </u>	×	_ .	
Municipal Use		Accessory Building		(specify)				- 4	S O X O	ĵ	
-		Accessory	Building Add	ition/Alte	Accessory Building Addition/Alteration (specify)		The second secon	<u> </u>	· ×	_	
		Special Us	Special Use: (explain)			in in the designation of the second of the s			×		
		Condition	Conditional Use: (explain)		To the state of th	**************************************		-	×	- -	
		Other: (explain)	plain)					}	×)	

n the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date Date 7

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent:

POIIS

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lake

54517

Owner(s):/

Owners listed

Address to send permit Budhubah la me

Hold For Sanitary: Hold For TBA:	Signature of Inspector:		Committee or Bos	OR	g Site Delineated Yes	P	Lot	Permit #: //-CXOS	Permit Denied (Date):	NOTICE: All Lane Construction Of I	5 0 6	Prior to the placement or construction of a structure within ten (10) feet	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Drain Field	Setback from the East Lot Line	Setback from the South Lot Line Setback from the West Lot Line	Worth Lot	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	(8) Setbacks: (measured to the closest point)	Show any (*): Show any (*): Show an	of (*):
Hold For Affidavit:	Ports	nedo. hitas	Inspected by:		No	20	(Pused/Contiguous Lot(s))	Permit Date: 4-6	Reason for Denial:	Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use We One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The local Town, Village, City, State or Federal agencies may also require permits. Construction Number:	In the twitter's explanse. 10) feet but less than thirty (30) feet fro ner, or verifiable by the Department by under the contraction of the contraction of the contraction.	of the mi	100		20 Feet 100 Feet		700 Feet	Measurement	losest point)	ake; (*) River; (*) Stream/Cru Vetlands; or (*) Slopes over ?	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property All Existing Structures on Your Property All Existing Structures on Your Property
idavit: 🗆			(If No the pood to be atta			Previously Granted by Previously Granted by Were Property Lines	Mitigation Required Mitigation Attached	-17		m the Date of Issuance i Municipalities Are Req r Federal agencies may a	n the minimum required setbacese of a corrected compass from	ne boundary line from which the setback must	Setback to Well	Elevation of Flood	Setback from Wetland 20% Slope Area on property		Setback from the Setback from the		Cha	eek; or (*) Pond 10%	ge Road (Name Frontage Ro our Property k (ST); (*) Drain Field (DF); (*
Hold For Fees; 🗌			attached)		Was Property Surveyed	eviously Granted by Variance (B.O.A.) Yes Mo Case Yes Property lines Represented by Owner	□ Yes □ Yes			f Construction or Use has uired To Enforce The Unif	k, the boundary line from which the a known corner within 500 feet or	be measured must		plain	tland on property		Setback from the Lake (ordinary high-water masetback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Changes in plans must be approved by the Planning & Zoning Dept.	nges in plans must be ap	ad)) Holding Tank (HT) and
	Date of Approval:		Date of Re-Inspection:	Lakes Classification		# #	Affidavit Required Affidavit Attached			orm Dwelling Code.	f the proposed site of the structure, or must be	be visible from one previously			☐ Yes		er mark) / 5	Mr.	proved by the Plannin	proved by the Plannin	3/or (*) Priv y (P)
***************************************	al: 4-61		ion:	W	"		□Yes ZNo			<u> </u>	must be visible from eture, or must be	isly surveyed corner to the	40 Feet	Feet	Feet W No		Feet Feet	Measurement	g & Zoning Dept.	g & Zoning Dept.	

